

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
Hansen	Larry	D.	Lodi	CA	95241-1910	(209) 333-6702
MAILING ADDRESS (May use business address)		STREET		CITY	STATE	ZIP CODE
P.O. Box 3006				Lodi	CA	95241-1910
						OPTIONAL: FAX / E-MAIL ADDRESS
						(209) 333-6807

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Lodi City Council

Division, Board, District, if applicable:

Your Position:

Council Member

➡ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Redevelopment Agency of Lodi

Position: Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of Lodi

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

☐ The period covered is ____/____/____, through December 31, 2004.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2004, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➡ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D (Eliminated - report loans on Schedule C)

Schedule E ☒ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

➡ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/05
(month, day, year)

Signature Larry D. Hansen
(File the originally signed statement with your filing official.)

Mailed to FPPC on 3/3/05

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

HANSEN

> NAME OF BUSINESS ENTITY

Sunday Family Living Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

REVOCABLE LIVING TRUST

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other ANNUITIES, IRA'S, INSURANCE
(Describe)

IF APPLICABLE, LIST DATE:

/ / 04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other
(Describe)

IF APPLICABLE, LIST DATE:

/ / 04
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

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☐ Other
(Describe)

IF APPLICABLE, LIST DATE:

/ / 04
ACQUIRED DISPOSED

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(Describe)

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☐ Other
(Describe)

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NATURE OF INVESTMENT

☐ Stock

☐ Other
(Describe)

IF APPLICABLE, LIST DATE:

/ / 04
ACQUIRED DISPOSED

Comments:

SCHEDULE E Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

HANSEN

> NAME OF SOURCE

Bob CECCATO Northern CAMKT PRES

ADDRESS WELLS FARGO BANK

400 CAPITOL MALL 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/16/04</u>	<u>\$200.00</u>	<u>(2) TICKETS TO</u>
		<u>SAC KINGS GAME</u>
<u>1/16/04</u>	<u>\$5000</u>	<u>(2) DINNERS</u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/16/04</u>	<u>\$200.00</u>	<u>(2) TICKETS TO</u>
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<u>1/16/04</u>	<u>\$5000</u>	<u>(2) DINNERS</u>

Comments: _____



400 Capitol Mall
Sacramento, CA 95814

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JAN 13 2004

City Clerk
City of Lodi

January 5, 2004

The Honorable Larry Hansen
P.O. Box 3006
Lodi, CA 95241

Dear Mayor Hansen,

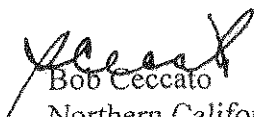
As we top-off 2004, I would like to invite you and a guest to join me and the Wells Fargo Northern California senior leadership team in cheering on our very own Sacramento Kings as they play the Los Angeles Lakers on January 16, 2004, at Arco Arena.

We are inviting mayors from cities within the communities we serve in our region to join us for a special dinner and Sacramento Kings "Chalk Talk" session beginning at 6:00 P.M. before the game. The Chalk Talk includes a question and answer session with one of the King's coaches. This intimate setting allows you to hear the inside scoop on strategy and game plans of this great team.

Your hard work in 2003 has made a positive impact on our communities. In appreciation, I hope you'll join us for this special evening with our winning team.

Please R.S.V.P. your attendance to Virginia Garcia at 916-440-4740 by January 9th, 2004. Virginia will provide you with the details of the evening. Go Kings!

Sincerely,



Bob Ceccato
Northern California Market President
Wells Fargo

2 TICKETS $\begin{cases} \$100 \\ \$100 \end{cases} = \$200.00$

2 DINNERS $25.00 @ = 50.00$